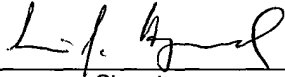


PTO/SB/31 (06-03)

Approved for use through 07/31/2003. OMB 0651-0031

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) PF141P4	
In re Application of Yu et al.			
Application Number 09/246,129-Conf. #5810		Filed February 8, 1999	
For Tumor Necrosis Factor-Gamma			
Art Unit 1647		Examiner D. Romeo	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the Examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$ 330.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 08-3425. A Fee Transmittal sheet is enclosed.			
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
I am the			
<input type="checkbox"/> applicant /inventor		 Signature	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
<input checked="" type="checkbox"/> attorney or agent of record. Registration number		Lin J. Hymel Typed or printed name	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). 45,414		(301) 251-6015 Telephone number	
		October 7, 2003 Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of 1 Form is submitted.			

10/08/2003 SSITHIB1 00000020 083425 09246129

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